TODD M. LEVENTHAL, ESQ
600 South Third Street
Las Vegas, Nevada 89101
(702) 384-1990
Attorney for Defendant
SHARON HAMPTON

**UNITED STATES DISTRICT COURT**
**DISTRICT OF NEVADA**

| | |
|---|---|
| UNITED STATES OF AMERICA,<br><br>Plaintiff,<br><br>vs.<br><br>SHARON HAMPTON<br><br>Defendant. | CR-S- 10-00316-JCM(RJJ)<br><br>**UNOPPOSED MOTION TO EXTEND THE DATE FOR SELF-SURRENDER**<br>AND ORDER |

**MOTION TO EXTEND SELF SURRENDER DATE**

COMES NOW, Sharon Hampton, by and through her attorney of record, TODD M. LEVENTHAL, Esq., and hereby requests the Ms. Hampton be allowed to self surrender 60 days out or June 22, 2011.

DATED THIS 14th day of April, 2011.

Respectfully Submitted,

**-s- todd leventhal**
**TODD M. LEVENTHAL, ESQ.**
**Attorney for Defendant**

POINTS AND AUTHORITIES

On March 7, 2011, this Honorable Court issued the Judgement of Conviction in the above matter. As stated in the Judgement of Conviction, Ms. Hampton was to self surrender to the bureau of Prisons before 2:00 p.m. on Friday April 22, 2011.

Ms. Hampton has informed counsel that she has had difficulty with medical problems pertaining to her family. For instance, Ms. Hampton's daughter, Ms Jacobs, has informed counsel that she has recently had surgery on her discs and the doctors require future surgery on her neck. Ms. Jacobs is a single parent of 3 children ages 3-10, and at this time Ms. Hampton is the care-giver for all 3. Ms. Hampton aids in her daughters healing process, takes care of the children, prepares food and does the general house cleaning. (See exhibit 1)

In addition, Ms. Hampton's husband, was hospitalized on February 4, 2011 for knee replacement surgery. As a result of that surgery, he suffered from heart and kidney failure due to complications of diabetic and high blood pressure. Mr. Hampton requires substantial assistance from his wife at this time. (See exhibit 2)

While there is no good time to self-surrender, Mrs. Hampton's family at this point would be basically left without the care needed to get back.

I have spoken to Daniel Schiess, Assistant United States Attorney, and while he expressed his concerns that there never is a good time to self surrender, he has agreed to the two (2) month continuance of the self surrender date.

CONCLUSION

Based on the foregoing, it is respectfully requested that Mr. Hampton self surrender no later than 2 p.m. on June 22, 2011.

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**ORDER**

**IT IS HEREBY ORDERED** that Ms. Hampton's Self Surrender date of April 22, 2011, be continued to 2 p.m. June 22, 2011.

DATED this 20th day of April, 2011

UNITED STATES DISTRICT JUDGE

# Exhibit 1

HealthCare Partners.

**Summit Medical Group**

3-15-2011

Patient: Charles Jones
DOB: 3-5-1941

To Whom It May Concern:

This letter is to inform you that the patient's wife Sharon Jones is the primary care take for Charles Jones.

Sincerely,

Chard Bubb M.D.

2365 Reynolds Ave., #211 N. Las Vegas, NV 89030
Tel (702) 399-1287 Fax (702) 399-6537

NEVADA Orthopedic & Spine Center

**Reynold J. Rimoldi, M.D.**
*Spinal Disorders*
*Sports Medicine*

**Michael S. Bradford, M.D.**
*Adult Reconstructive Surgery*

**Arthur J. Taylor, M.D.**
*Hand & Elbow Disorders*
*Microvascular Surgery*

**Patrick S. McNulty, M.D.**
*Surgery of the Spine*
*Scoliosis*

**Gary D. Morris, M.D.**
*Orthopedic Surgeon*
*Foot & Ankle Surgery*

**Thomas C. Kim, M.D.**
*Sports Medicine*
*Orthopedic Surgery*

**Edward S. Ashman, M.D.**
*Sports Medicine*
*General Orthopedics*

**Russell T. Nevins, M.D.**
*Reconstructive Joint Surgery*
*Orthopedic Surgery*
*Arthritis*

**Daniel D. Lee, M.D.**
*Spinal Surgery*
*General Orthopedics*

**Conrad O. Yu, M.D.**
*Shoulder, Elbow, Wrist & Hand Surgery*

**Michael D. Thomas, M.D.**
*Pediatric Orthopedics*
*Scoliosis & Spinal Deformities*

**Roman A. Sibel, M.D.**
*Foot & Ankle Disorders*
*Orthopedic Surgery*

**Walter J. Song, M.D.**
*Shoulder, Elbow, Wrist & Hand Surgery*

**John J. Kastrup, M.D**
*Reconstructive Surgery*
*Sports Medicine*

Date: 3/15/11 Account # 315576

Patient Name: Charles Jones Date of Birth: 3/5/41

Re: Sharon Jones

Please be advised Sharon is the primary caretaker for our patient Charles Jones for ADL's, transportation, wound care/dressing changes, meals, toileting, etc while recovering from surgery.

Physician John Kastrup

Physician Signature

(702) 878-0393

**Mailing Address:**
P. O. Box 36550
Las Vegas, NV 89133

**Northwest Location:**
2650 N. Tenaya Way, Suite 301
Las Vegas, NV 89128

**Southeast Location:**
1505 Wigwam Pkwy, Suite 330
Henderson, NV 89074

11.5.10 Charles E. Jones #315516

D029

NEVADA Orthopedic & Spine Center


- Northwest Location
  2650 N. Tenaya Way, #301
  Las Vegas, NV 89128
- Southeast Location
  1505 Wigwam Pkwy, #330
  Henderson, NV 89074


## PATIENTS HEALTH INFORMATION COMMUNICATION DIRECTIVE

In general, the HIPPA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

**I wish to be contacted in the following manner: (check all that apply)**

- ☒ Home Telephone
  - ☒ OK to leave message with detailed information
  - ☐ OK to leave message with call back number only
- ☐ Written Communication
  - ☐ OK to mail to my home address
  - ☐ OK to mail to my work/office address
  - ☐ OK to fax to this number
- ☐ Work Telephone
  - ☐ OK to leave message with detailed information
  - ☐ Leave message with call back number only
- ☐ Other_____

Charles Jones — Patient Signature — 11-5-10 — Date

Charles Jones — Print Name — 11-5-10 — Date of Birth

The Privacy Rule generally requires healthcare providers to take responsible steps to limit the use of disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions to not apply to uses or disclosures made pursuant to an authorization requested by the individual.

**Please list below those individuals you will allow Nevada Orthopedic & Spine Center to release your personal health information.**

| DATE | TO WHOM DISCLOSED | RELATIONSHIP |
|---|---|---|
| 11-5-10 | Sharon Jones | wife |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

ST ROSE DOMINICAN HOSPITALS
ROSE DE LIMA CAMPUS

**DATE OF OPERATION:** 01/31/2011

**SURGEON:** John Kastrup, M.D.

**PREOPERATIVE DIAGNOSIS:** Left knee arthritis.

**POSTOPERATIVE DIAGNOSIS:** Left knee arthritis.

**PROCEDURE:** Left total knee replacement.

**COMPONENTS:** Stryker Triathlon size 7 posterior stabilized left femoral component; size 7 tibial base plate with a 13-mm PS polyethylene insert.

**ANESTHESIOLOGIST:** Kyle Friedman, M.D.

**ANESTHESIA:** Femoral and sciatic nerve blocks, followed by general endotracheal intubation.

**ESTIMATED BLOOD LOSS:** 50 mL.

**DRAINS:** One.

**CLINICAL HISTORY:** This is a 69-year-old gentleman who has had persistent left knee pain, which has not responded to nonoperative treatment. X-ray showed severe arthritis in the left knee. Presents for total knee replacement. Benefits and risks of surgery were explained to the patient, including infection, damage to bone, cartilage, blood vessels, nerves, tendons, ligaments, persistent pain, stiffness, weakness, blood clots, pulmonary embolism, stroke, heart stoppage, hardware failure, loosening, instability, leg lengthening, foot drop, limp. He understands these risks and agrees to procedure as planned.

**OPERATIVE TECHNIQUE:** Patient was identified, placed in supine manner on the operating table. General anesthesia was administered after femoral and sciatic nerve blocks had been given by Anesthesia. The left leg was prepped and draped in sterile manner. A midline anterior longitudinal incision was made after the tourniquet was inflated. Dissection was continued down to retinaculum. Medial parapatellar approach taken. The knee joint was removed. He had tricompartmental degenerative changes, worst in the medial compartment. Drill hole was made

ST ROSE DOMINICAN HOSPITALS
ROSE DE LIMA CAMPUS

in the femur after remaining menisci and ACL were removed. Distal femoral cut was made, sized to a size 7 femoral component. Anterior, posterior, and chamfer cuts were completed. Box cut made for a posterior stabilized system.

Attention was then directed at the tibia. Intramedullary drill hole made in the tibia, 9 mm taken off the lateral side as a reference point. Remaining menisci posteriorly and osteophytes were removed. Trial found to be best with around 11- to 13-mm spacers. Bone was cleaned and dried. The size 7 tibial base plate was cemented in place, followed by the size 7 posterior stabilized femoral component. Tourniquet was dropped. Hemostasis achieved with a Bovie. Trial found to be actually best with a 13-mm spacer, which was utilized. Wound was once more irrigated with solution. Tissues injected with Marcaine and Duramorph. Capsule was closed using two running #1 Vicryl sutures over a Hemovac drain. Subcutaneous tissue was closed using 1-0 and 2-0 Vicryl over a pain pump catheter. Skin was closed using staples. Dressings were applied. Tolerated procedure well, was taken to recovery in stable conditions.

John Kastrup, M.D.

JK / MedQ
D: 01/31/2011 08:40:15
T: 01/31/2011 12:59:13
Job #: 667133

# Exhibit 2

Interventional IPM Pain Medicine

**CRISPINO S. SANTOS, M.D., FIPP**
Fellow Interventional Pain practice
Board Certified in Anesthesiology and Pain Medicine (ABA, ABPM, AAPM)

**FRANCO M. LEE, MD**
Fellowship Trained
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6850 N. Durango Dr,
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**702-434-7246**
**702-258-5581 FAX**

**www.spinalpaindocs.com**

**Patient Name:** DOMINI L. CALLOWAY
**Patient ID:** 14280
**Date of Examination/Report:** 03/10/2011

**SUBJECTIVE:** The patient presents herself today for follow up. The patient started taking Celebrex she also had a CT scan yesterday. Her pain is still at 9/10 despite surgery. She will follow up with Dr Garber.

**OBJECTIVE:** Severe pain and tenderness in both neck and lower back area. Straight leg raising test is positive in both lower extremities. Gaenslen and Patrick tests were negative. Spurling test is positive in the neck area.

**ASSESSMENT:**
1. Lumbar degenerative disc disease at the level of L4-L5 and L5-S1.
2. Cervical degenerative disc disease at C5-C6 land C2-C5 levels.
3. Cervical and lumbar radiculopathy
4. Status post lumbar fusion/instrumentation

**PLAN:** The patient will continue with her medications, Diazepam 10mg one tablet every night, Gabapentin 600mg tablet, Fentanyl 50mcg/hr Transderm Patch, apply one patch every two days, Methadone 10mg two tablets twice a day, and Soma 350mg twice a day, Roxicodone 30mg one tablet every four hours and Celebrex 200mg once daily. She will continue her physical therapy. She is to follow up with Ct Myelogram results.

Franco M. Lee, MD

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**Patient Name:** DOMINI L. CALLOWAY
**Patient ID:** 14280
**Date of Examination/Report:** 02/10/2011

**SUBJECTIVE:** The patient presents herself today for follow up. She complains that her pain remains the same despite her surgery. The patient was admitted at Mountain View Hospital due to left leg and left arm numbness. She had multiple tests done. The numbness is better.

**OBJECTIVE:** Severe pain and tenderness in both neck and lower back area. Straight leg raising test is positive in both lower extremities. Gaenslen and Patrick tests were negative. Spurling test is positive in the neck area.

**ASSESSMENT:**
1. Lumbar degenerative disc disease at the level of L4-L5 and L5-S1.
2. Cervical degenerative disc disease at C5-C6 land C2-C5 levels.
3. Cervical and lumbar radiculopathy
4. Status post lumbar fusion/instrumentation

**PLAN:** The patient will continue with her medications, Diazepam 10mg one tablet every night, Gabapentin 600mg tablet, Fentanyl 50mcg/hr Transderm Patch, apply one patch every two days, Methadone 10mg two tablets twice a day, and Soma 350mg twice a day. I will change Roxicodone 30mg to one tablet every four hours. She will discontinue Ibuprofen and start with Celebrex 200mg once daily #30. She will continue her physical therapy. The patient does not want to have a neck surgery at this time.

Franco M. Lee, MD

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**Patient Name:** DOMINI L. CALLOWAY
**Patient ID:** 14280
**Date of Examination/Report:** 01/24/2011

**SUBJECTIVE:** The patient is seen today for a follow up visit. She was seen by Dr. Garber and was prescribed steroid. She states that her pain remains the same despite her surgery.

**OBJECTIVE:** Severe pain and tenderness in both neck and lower back area. Straight leg raising test is positive in both lower extremities. Gaenslen and Patrick tests were negative. Spurling test is positive in the neck area.

**ASSESSMENT:**
1. Lumbar degenerative disc disease at the level of L4-L5 and L5-S1.
2. Cervical degenerative disc disease at C5-C6 land C2-C5 levels.
3. Cervical and lumbar radiculopathy.

**PLAN:** The patient will continue with her medications, Diazepam 10mg one tablet every night, Roxicodone 30mg tablet every six hours, Gabapentin 600mg tablet, Fentanyl 50mcg/hr Transderm Patch, apply one patch every two days, Methadone 10mg two tablets twice a day, and Soma 350mg twice a day. I will start her with Ibuprofen 800mg twice a day. She will continue physical therapy.

Franco M. Lee, MD

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**www.spinalpaindocs.com**

**Patient Name:** DOMINI L. CALLOWAY
**Patient ID:** 14280
**Date of Examination/Report:** 01/13/2011

**SUBJECTIVE:** The patient presents herself today for medication refill. She had surgery of lumbar spine on December 16, 2010. She had hardware and laminectomy. She states that she is having a lot of pain and more spasms

**OBJECTIVE:** Severe pain and tenderness in both neck and lower back area. Straight leg raising test is positive in both lower extremities. Gaenslen and Patrick tests were negative. Spurling test is positive in the neck area.

**ASSESSMENT:**
1. Lumbar degenerative disc disease at the level of L4-L5 and L5-S1.
2. Cervical degenerative disc disease at C5-C6 land C2-C5 levels.
3. Cervical and lumbar radiculopathy.

**PLAN:** The patient will continue with her medications, including Diazepam 10mg one tablet every night, Roxicodone 30mg tablet every six hours, Gabapentin 600mg tablet which I changed to three times a day, Fentanyl 50mcg/hr Transderm Patch, apply one patch every two days, and Methadone 10mg two tablets twice a day. I will also start her on Soma 350mg twice a day. She is still in a healing phase. She will continue physical therapy.

Franco M. Lee, MD

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**Patient Name:** DOMINI L. CALLOWAY
**Patient ID:** 14280
**Date of Examination/Report:** 12/06/2010

**SUBJECTIVE:** The patient is seen in the office today for her routine follow up visit and medication refills. She is scheduled to have surgery next week with Dr. Garber. She was advised to discuss her medications with the anesthesiologist.

**OBJECTIVE:** Severe pain and tenderness in both neck and lower back area. Straight leg raising test is positive in both lower extremities. Gaenslen and Patrick tests were negative. Spurling test is positive in the neck area.

**ASSESSMENT:**
1. Lumbar DDD at the level of L4-5 and L5-S1.
2. Cervical DDD at C5-6 level and C2-C5 level.
3. Cervical and lumbar radiculopathy.

**PLAN:** The patient will continue with her medications, including Diazepam 10mg one tablet every night; Roxicodone 30mg tablet every six hours; Gabapentin 600mg tablet twice a day, for the numbness and tingling sensation in both her upper and lower extremities; Fentanyl 50mcg/hr Transderm Patch, apply one patch every two days; and Methadone 10mg two tablets twice a day. She will follow up after surgery. I will refill her medications in four weeks.

Franco M. Lee, MD

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**Patient Name:** DOMINI L. CALLOWAY
**Patient ID:** 14280
**Date of Examination/Report:** 11/22/2010

**SUBJECTIVE:** The patient presents herself in the office for a re-evaluation. She was seen by Dr. Garber and decided to have the surgery. She is still awaiting the approval from her insurance. She reports that she went to the ER due to severe pain.

**OBJECTIVE:** Severe pain and tenderness in both neck and lower back area. Straight leg raising test is positive in both lower extremities. Gaenslen and Patrick tests were negative. Spurling test is positive in the neck area.

**ASSESSMENT:**
1. Lumbar DDD at the level of L4-5 and L5-S1.
2. Cervical DDD at C5-6 level and C2-C5 level.
3. Cervical and lumbar radiculopathy.

**PLAN:** The patient will continue taking her medications, as follows: Diazepam 10mg one tablet every night; Roxicodone 30mg tablet every six hours; Gabapentin 600mg tablet twice a day, for the numbness and tingling sensation in both her upper and lower extremities; Fentanyl 50mcg/hr Transderm Patch, apply one patch every two days; and Methadone 10mg two tablets twice a day. She will follow up with me in two weeks for her medication refills.

Franco M. Lee, MD

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**Patient Name:** DOMINI L. CALLOWAY
**Patient ID:** 14280
**Date of Examination/Report:** 11/08/2010

**SUBJECTIVE:** The patient returns today to be re-evaluated after her procedure. She had a discogram of the lumbar spine done last week. The results were explained to the patient. She needs to follow up with Dr. Garber to discuss the results.

**OBJECTIVE:** Severe pain and tenderness in both neck and lower back area. Straight leg raising test is positive in both lower extremities. Gaenslen and Patrick tests were negative. Spurling test is positive in the neck area.

**ASSESSMENT:**
1. Lumbar DDD at the level of L4-5 and L5-S1.
2. Cervical DDD at C5-6 level and C2-C5 level.
3. Cervical and lumbar radiculopathy.

**PLAN:** The patient will continue with the following medications: Diazepam 10mg one tablet every night; Roxicodone 30mg tablet every six hours; and Gabapentin 600mg tablet twice a day, for the numbness and tingling sensation in both her upper and lower extremities. I will also give her Fentanyl 50mcg/hr Transderm Patch, apply one patch every two days, and Methadone 10mg two tablets twice a day. She will follow up with Dr. Garber with her discogram results. I will see her back in my office in one month to follow up.

Franco M. Lee, MD

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**www.spinalpaindocs.com**

**Patient Name:** CALLOWAY, DOMINI L.
**Patient ID:** 14280
**Date of Examination/Report:** 10/11/2010

## REGULAR OFFICE NOTE

**SUBJECTIVE:** The patient is here for a follow-up. She stated that she was seen by Dr. Garber regarding her neck and low back pain. Dr. Garber recommended a discogram at the level of C3-7 and L1-S1. He also recommended EMG and nerve conduction study. Patient continues to have significant amount of pain in the lower back and also the neck. This time she started having numbness and tingling sensation on both upper extremities although she denies any bowel or bladder incontinence.

**OBJECTIVE:** Severe pain and tenderness in both neck and lower back area. Straight leg raising test is positive in both lower extremities. Gaenslen and Patrick tests were negative. Spurling test is positive in the neck area.

**ASSESSMENT:**
1. Lumbar DDD at the level of L4-5 and L5-S1.
2. Cervical DDD at C5-6 level and C2-C5 level.
3. Cervical and lumbar radiculopathy.

**PLAN:** Patient will continue taking the Fentanyl patch 100 mcg/ hour change ever 2 days. Diazepam 10mg one tablet at night time and also Roxicodone 30mg every six hours dispensed #120. I will increase this patient's Gabapentin to 600mg twice a day due to this patient's increasing numbness and tingling sensation in both upper and lower extremities. She will also be scheduled for a discogram at the level of L3-4, L4-5, and L5-S1 as recommended by Dr. Garber and probably schedule in the future a discogram at the level of C3-7.

Franco M. Lee, MD
FML/m2/rpk